

**Behavioral Health Oversight Commission**  
**"Moving Behavioral Health Forward" Workgroup**  
**Report and Recommendations**  
**June 9, 2009**

The Nebraska Behavioral Health System has been undergoing system change activities beginning with *redesign* in the mid-1990s, *reform* starting in 2004 and moving on to *transformation* in the present. Much work and considerable resources including human effort, time and commitment along with fiscal resources have been dedicated to system improvements and transformation. Much work is yet to be done to reach a transformed system that is built upon core values and guiding principles that support individuals across the life span in their recovery journey.

The "Moving Health Forward" workgroup was charged with answering the following questions within the context of developing a strategic vision and providing advice to the Behavioral Health Division in its upcoming planning efforts:

- ◆ Moving Behavioral Health Forward: Now that LB 1083 is being implemented, how does the behavioral health system continue to move forward fostering recovery for behavioral health consumers? What should a balanced Nebraska behavioral health system look like? (Nebraska Department of Health and Human Services, 2008).

### **Strategic Vision**

Recognizing the importance of strategic visioning to a planning process, which is anticipated to occur in FY 10, the desire by the workgroup was to provide information and recommendations to NDHHS that will be both inspirational and useful in order to encourage the investment and commitment of Nebraska's behavioral health leadership to undertake behavioral health system transformation. To this end, the following information is presented for discussion, adoption, and submission to the Division of Behavioral Health, members of the Legislature's Health and Human Services Committee, and the Governor.

#### **A. Strategic Vision Statement**

The Public Behavioral Health System will promote wellness, recovery, resilience, and self-determination.

#### **B. Core Values and Guiding Principles**

**Self-Direction:** Consumers lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self-determined life. By definition, the recovery process must be self-directed by the individual, who defines his or her own life goals and designs a unique path toward those goals.

**Individualized and Person-Centered:** There are multiple pathways to recovery based on an individual's unique strengths and resiliencies as well as his or her needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations. Individuals also identify recovery as being an ongoing journey and an end result as well as an overall paradigm for achieving wellness and optimal mental health.

**Empowerment:** Consumers have the authority to choose from a range of options and to participate in all decisions—including the allocation of resources—that will affect their lives, and are educated and supported in so doing. They have the ability to join with other consumers to collectively and effectively speak for themselves about their needs, wants, desires, and aspirations. Through empowerment, an individual gains control of his or her own destiny and influences the organizational and societal structures in his or her life.

**Holistic:** Recovery encompasses an individual's whole life, including mind, body, spirit, and community. Recovery embraces all aspects of life, including housing, employment, education, mental health and health care treatment and services, complementary and naturalistic services, addictions treatment, spirituality, creativity, social networks, community participation, and family supports as determined by the person. Families, providers, organizations, systems, communities, and society play crucial roles in creating and maintaining meaningful opportunities for consumer access to these supports.

**Non-Linear:** Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience. Recovery begins with an initial stage of awareness in which a person recognizes that positive change is possible. This awareness enables the consumer to move on to fully engage in the work of recovery.

**Strengths-Based:** Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals. By building on these strengths, consumers leave stymied life roles behind and engage in new life roles (e.g., partner, caregiver, friend, student, employee). The process of recovery moves forward through interaction with others in supportive, trust-based relationships.

**Peer Support:** Mutual support—including the sharing of experiential knowledge and skills and social learning—plays an invaluable role in recovery. Consumers encourage and engage other consumers in recovery and provide each other with a sense of belonging, supportive relationships, valued roles, and community.

**Respect:** Community, systems, and societal acceptance and appreciation of consumers—including protecting their rights and eliminating discrimination and stigma—are crucial in achieving recovery. Self-acceptance and regaining belief in

one's self are particularly vital. Respect ensures the inclusion and full participation of consumers in all aspects of their lives.

**Responsibility:** Consumers have a personal responsibility for their own self-care and journeys of recovery. Taking steps toward their goals may require great courage. Consumers must strive to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness.

**Hope:** Recovery provides the essential and motivating message of a better future—that people can and do overcome the barriers and obstacles that confront them. Hope is internalized, but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process. Mental health recovery not only benefits individuals with mental health disabilities by focusing on their abilities to live, work, learn, and fully participate in our society, but also enriches the texture of American community life. America reaps the benefits of the contributions individuals with mental disabilities can make, ultimately becoming a stronger and healthier Nation.

Source: SAMHSA National Consensus Statement on Mental Health Recovery.

### **C. Recommendations**

It is NOT assumed new money will be available to implement the recommendations in this document. These recommendations assume priorities will be set and provide an opportunity for discussion on how existing funds may potentially be used differently.

The Behavioral Health Oversight Commission's "Moving Behavioral Health Forward" workgroup recommends the following:

1. The Behavioral Health Division will seek out people, external to Nebraska, that are skilled in strategic planning and familiar with behavioral health transformation activities elsewhere to facilitate the planning process and can lead stakeholders in a discussion of what we have, what we need (array, gaps and innovations), and the opportunities that exist for improving all aspects of behavioral health care in a way that is consistent with the vision, core values and principles of recovery and recovery-based care.
  - a. The **strategic plan** will:
    - 1) Encompass a 5 to 10 year timeframe to provide direction, focus, priorities, goals, and action steps to achieve system transformation and reduce the current reliance on a crisis-oriented mode of operation.

- 2) Recognize the Division of Behavioral Health as the leader of behavioral health services in Nebraska and the driver of policy and policy-based financial decisions.
- 3) Establish expectations regarding collaboration among the DHHS divisions that eliminates cost shifting, reduces fragmentation, increases funding/reimbursement flexibility, and supports access to appropriate and quality care regardless of payer source and eligibility.
- 4) Identify long-term funding strategies to ensure realistic, sustainable financial support and maximize available federal revenue sources.
- 5) Include performance measurements, indicators, competencies and report cards that reflect the mission, vision, values, and principles of recovery and recovery-based care and an outcome evaluation and research process that continuously identifies ways to improve services and supports (Plan-Do-Check-Act Cycle), including those that are consumer operated.

b. **The strategic planning process will:**

- 1) Include stakeholders of the behavioral health system at all stages of the process, including decision making. This requires the development of a plan that includes those who use services and is not limited to those consumers employed in government. That plan is reviewed, refined and implemented as a first priority in development of the planning process. It will ensure meaningful education, supports for authentic "seats at the table" in accord with LB994 (2006) consumer "inclusion and involvement in all aspects of services design, planning, implementation, provision, education, evaluation and research (Emphasis Supplied).
- 2) Include, in a collaborative and inclusive manner, the development of mission, vision, values, principles, and definitions that reflect individual, program/service, and system perspectives and incorporate both regional and state-wide points of view.
- 3) Consider the accomplishments and challenges experienced in other states that have previously initiated transformation efforts.
- 4) Incorporate available technology (webinars and other web-based resources) in the planning process in order to improve access and expand opportunities for participation.



- 5) Utilize the Behavioral Health Oversight Commission's June 2008 Final report as a guiding document in the strategic planning process. Worthy of special consideration is the following excerpt from that report:

**"The Commission finds that many of the goals and responsibilities as set out in LB 1083 have not been accomplished.** The Department, in its adopted "LB1083 Behavioral Health Implementation Plan" of July 1, 2004 identifies 108 "deliverables" that the plan states "must be completed in order to achieve the reform." Many of those "deliverables" remain incomplete and/or unaddressed altogether. Those with the highest priority include:

- ◆ Consumer involvement in all aspects of service planning and delivery
  - ◆ Development of a consumer focused culture that is driven by the needs of consumers.
  - ◆ A plan for integrating the administration of behavioral health programs
  - ◆ A comprehensive statewide plan for behavioral health services
  - ◆ Development and management of a data and information system.
  - ◆ A quality improvement plan
  - ◆ Services that are research based, focus on recovery, and include peer support
  - ◆ A methodology for measuring consumer, process, and system outcomes
  - ◆ Development of plans for developing the behavioral health work force
  - ◆ An integrated rate setting methodology
  - ◆ Development and implementation of peer support services"
2. Suspend the service definition revision process currently underway until the adoption of the strategic plan so that the vision, core values, principles, and definitions of recovery and recovery-based care are be incorporated into new and existing service and support definitions.
3. Suspend the Title 206 Rules and Regulations revision process currently underway until the adoption of the strategic plan so that the vision, core values, principles, and definitions of recovery and recovery-based care can be incorporated into new and existing rules and regulations.
4. Suspend the at-risk managed care planning efforts currently underway until the adoption of the strategic plan so that the vision, core values, principles, and definitions of recovery and recovery-based care can be used to guide discussion,

examination, analysis, and decision making around the need for a managed care program in the public behavioral health system.

5. The Behavioral Health Division carry out Recommendation #4, approved by the Behavioral Health Oversight Commission in its June 2008 Final Report, that reads:

"The Commission recommends the formation of a task force comprised of consumers, providers, physicians, regional administrators, a representative of the Regional Centers, and a representative of the Department to study and define the role of the regional centers. Because much of the responsibility for managing regional emergency systems and creating the continuums of care needed to serve persons needing behavioral health services rests with the regions, the task force should be chaired by a regional administrator." (Note: The original recommendation included a due date of December 2008 for the completion of a report and recommendations).

6. The Behavioral Health Division carry out Recommendation #1, approved by the Behavioral Health Oversight Commission in its June 2008 Final Report, that reads:

"The Commission recommends that the Department fulfill the mandate of the Act which stipulates "consumer involvement in all aspects of service planning and delivery." To accomplish this, the Department should:

- a. Expand the training opportunities for consumers in developing leadership and advocacy skills.
- b. Provide for peer support positions integrated throughout the continuum of care by including these positions in all services where it is appropriate and including the cost of these positions in the rates paid for the service.
- c. Continue to broaden consumer advocacy & inclusion at all levels of the system.
- d. Provide for consumer inclusion in developing consumer outcomes and system level research.